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Rechtsanwalt

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An das

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Selfkant, den 19.5.2022

In the military appeal proceedings

of Lieutenant Colonel Marcus Baier

AZ. BVerwG 1 WB 5.22 and BVerwG 1 W-VR 3.22

and

of Lieutenant Colonel Christian Baier

AZ. BVerwG 1 WB 2.22 and BVerwG 1 W-VR 1.22

the complainants expressly welcome the fact that the Discerning Senate will invite representatives of the PEI and RKI so that they can answer the questions of all parties to the proceedings.

Counsel for the complainants will seek expert assistance in questioning the representatives of these agencies.

A)

With regard to the respondent's written submissions dated 16.5.2022 and 11.5.2022, on which more detailed comments will be made in a separate written submission, it is to be noted:

Counsel for the complainants have already noted that the respondent's leadership appears to be so concerned about the life and health of each and every soldier that it treats with remarkable disinterest all warnings that have been presented in the course of these proceedings.

The offers of proof on this side dated 10.5.2022 are all fruitful and the respondent himself cannot substantiate why the contrary should be the case.

The subject matter of the proceedings is known. Why the decision of these proceedings should be based on the "absence of concerns" of the injections "at the time of the vaccination" is not comprehensible.

In his most recent submission, Göran Thoms has already added to the question of why the mere factual conditional approval of the coronavirus protection injections used by the German Armed Forces cannot in itself have the effect of an offence. Reference is made to this.

In his most recent pleading, Mr. Thoms has already submitted the testimonies of numerous soldiers, in 10 cases together with the respective request for examination as witnesses, which do not only convey "subjective impressions" of "individual" soldiers, but prove concrete cases of severe vaccination complications which, as far as can be seen, apart from one exception, have not been reported to the PEI as suspected cases via the competent services of the respondent. Moreover, these testimonies impressively prove that many troop services systematically fail to record such suspected cases. Reference is also made to this in order to avoid repetitions.

Apart from the respondent, it should also be immediately apparent to anyone who reflects on the offers of proof on this side dated 10.5.2022 in the context of the issues to be resolved here, why these expert witnesses and their respective evidentiary topics are not only in a "noteworthy context" for the decision of this case, but are of particular interest and also therefore relevant for the decision.

Nor do these experts merely represent "individual opinions", as the respondent would like to suggest, but rather points of view which have been obtained from an in-depth examination of the respective factual issues and which are also shared by a large number of experts in their respective fields.

The respondent can, after all, attempt to present the arguments of the representatives of the "established science" in the next dates, which are supposed to have refuted their point of view. In any case, there is not a single concrete and valid counter-argument in the respondent's brief dated 16.5.2022.

The evidentiary questions concerning Prof. Dr. Kämmerer also relate in particular to the work or basis of the work of the RKI in the context of the Corona "pandemic".

Prof. Dr. Matthes will be able to comment on whether his observational study has been put into perspective by the sweeping reproaches ("unclear and not very selective") of the director of the Clinic for Infectious Diseases and vaccine researcher at the Charité, Lerif Erik Sanders.

As has already been explained, the expert witness Prof. Dr. Peter Schirmacher has already publicly stated his findings regarding the considerable under-reporting of "vaccination deaths".

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In this respect, he confirms the findings of the witness Prof. Dr. Burkhardt, insofar as he assumes a massive under-reporting of deaths due to vaccination complications, quite independently of whether he - Prof. Schirmacher - in his contacts with Prof. Dr. Steinestel was correctly and sufficiently informed by the latter about the content of the statements of the witness Prof. Burkhardt and how Prof. Schirmacher assesses this working method or methodology of Prof. Burkhardt.

Prof. Burkhardt stated that his working methods were in every respect in line with the usual working methods of pathologists and all relevant standards.

However, as already stated, this will be further elaborated on in a separate brief.

I could spend dozens of pages explaining in depth why even the opponent of the complaint should not simply believe everything uncritically that is claimed in broadcasts by ARD and ZDF, especially if the critic is a proponent of coronavirus protection injections and also sits on the expert council of the German government.

The following information can be taken from Wikipedia:

"...In Berlin, COVID-19 vaccinations had started on December 27, 2020, in senior citizens' homes to protect the very elderly first as a particularly vulnerable group. Clinicians as well as nursing staff were also among the first to receive vaccination offers. This has since been [Priorisierung](#) repealed. Sander said in June 2021 that without a booster, there could be re-infections in nursing homes and homes for the elderly, for example, in the winter.^[10]

As an expert on vaccinations, he was also repeatedly present in the media during the pandemic, including several times on Morgenmagazin or in the [heute-journal](#).^{[11][12]} Since 2021, he has also been a member of the [Corona-Expertenrat der Bundesregierung](#) an....
"(End quote)

It is always impressive with what ease the respondent ignores all possible warnings. Prof. Matthes speaks of a side effect rate of 0.8 %? Do we need to follow up on that? Oh no, some director who is fully behind this "vaccination" campaign and has closest ties to the federal government sweepingly claims otherwise.

Particularly disconcerting is the fact that the respondent - as can be seen from his brief of 11.5.2022 (there from page 1) - does not even want to clarify further whether Pfizer really falsified data in the context of the registration studies.

The whistleblower Brook Jackson, who has been named in this regard, will be able to comment in depth on precisely this question, as can be seen from her statement of claim, which Dr. Röhrig submitted as an annex to her written statement of 28 March 2022 (see the comments there on page 78 onwards).

Brook Jackson, as an insider who can testify to everything from her own perception, is precisely much more than an investigative journalist to whom Prof. Bhakdi referred in court in this context.

The contact information for Brook Jackson's attorneys, through whom these witnesses will be called for questioning via video conference, is provided in this Appendix on page 75.

Even the analyses of the team of scientists around Deanna McLeod of CCCA, who evaluated Pfizer's registration studies, apparently do not interest the respondent one iota.

Respondent does not even address this offer of proof. Is it because this team provides exactly the "scientific evidence" that the respondent - at least according to his lip service - so much desires?

On page 3 of Respondent's 11/5/2022 brief, we learn only that the allegations against Pfizer and Ventavia were allegedly "tracked and evaluated in the U.S. and Europe," without learning who tracked and evaluated here.

It is also noteworthy that this is said to have shown that the "identified" (!) deficiencies "could not compromise the quality and integrity of the data from Pfizer's overall study", so that these deficiencies "had no impact on the benefit-risk assessment or on the conclusions on the safety, efficacy and quality of the vaccine".

The expert witness Deanna McLeod will be able to provide the discerning Senate with entirely different findings and conclusions regarding the safety, efficacy, and quality of Pfizer's mRNA injections.

So this witness absolutely must be heard, even if the respondent, in her infinite care for all soldiers, does not care what this witness has to say.

The same applies to the insider Dr. Mike Yeadon, who after all was vice chairman of Pfizer and was involved in the development of vaccines there for many years. For the reasons already given, his warnings about certain highly toxic batches in particular must be noted and taken very seriously.

It is also surprising that the respondent has such unshakable confidence in the "integrity" of Pfizer's data, just as if canonization or even beatification proceedings had ever been instituted for their corporate leaders.

In this context, the respondent must also be positively aware that Pfizer in particular occupies a leading place in the "Hall of Shame" of pharmaceutical giants.

The non-fiction author Peter C. Gotzsche, who was also called as a witness (and also asked for an interpreter for the English language), has commented on the less glorious history of the pharmaceutical giants in his book "Deadly Medicine and Organized Crime" starting on page 59 (quote):

"In recent years, numerous articles and books have appeared about serious cases of scientific misconduct and fraudulent marketing committed by pharmaceutical giants. Although the evidence is overwhelming, the industry's standard excuse when another company is convicted is that there are a few bad apples in every company.

But the crucial question is whether and now and then encounter a single rotten apple, which could be excused, or whether almost the whole basket is rotten, that is, whether most companies break the law.

To find out, in 2012 I entered the names of the ten largest pharmaceutical companies into a search engine, combined with the word "fraud". For each company, I received 0.5 to 27 million hits. I selected the most well-known case that was mentioned on the first page in the ten hits and entered it into other search engines.

All ten cases were new (2007-2012) and had something to do with the United States. The most common cases were illegal marketing, recommending the use of drugs for

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unapproved indications, misrepresenting research results, concealing harmful effects, and Medicaid and Medicare fraud.

I would now like to go into these cases in more detail, in descending order of size of the company.

1. Pfizer was willing to pay 2.3 billion dollars in 2009

At the time, this was the largest drug fraud settlement in the history of American justice. A two-person company admitted to selling drugs for unapproved uses "with intent to defraud or mislead." As it turned out, the company had illegally marketed four drugs....

Pfizer paid a billion dollars to avoid being indicted. The company was accused of paying bribes and lavishly entertaining doctors to prescribe these four drugs. Six whistleblowers were paid \$102 million. Pfizer signed a corporate integrity agreement with the U.S. Department of Health and Human Services, meaning the company pledged good behavior over the next five years. Pfizer had already entered into three such agreements before that, and when the company again promised prosecutors in 2004 that it would not market illegal drugs, it was busily doing just that while signing the agreement.... "

2. Novartis was willing to pay \$423 million in 2010

...

3. Sanofi-Aventis was willing to pay more than \$95 million for fraud in 2009.

...

4. GlaxoSmithKline was willing to pay \$3 billion in 2011.

This was the largest drug fraud settlement in American history.

...

5. AstraZeneca was willing to pay \$520 million for fraud in 2010.

The allegation was that AstraZeneca marketed one of its best-selling drugs, Seroquel (quetiapine), for use in children, the elderly, veterans and prison inmates, for indications not approved by the FDA....

6. Roche persuades governments to stockpile Tamiflu

In my opinion, Roche committed the biggest theft of all time without anyone taking the company to court. To prepare for the mild flu epidemic of 2009, US and European governments bought billions of euros and dollars worth of Tamiflu (oseltamivir).

Roche has not published most of the data from its clinical trials and refuses to make it available to the independent researchers at Cochrane....

7. Johnson & Johnson paid fines of more than \$1.1 billion in 2012

The jury found that the company and its **subsidiary Janssen** downplayed the risks of its antipsychotic Risperdal (risperidone). The judge spoke of nearly 240,000 cases of fraud against Medicaid in Arkansas.... "

And so the list goes on with Merk, Eli Lilly and Abbott.

With a "hall of fame" like that, how could anyone even think that a pharmaceutical giant like Pfizer could have messed around so massively in its pivotal study on Comirnaty that it could have had a negative impact on the data on the safety, efficacy and quality of the "vaccine"?

And why doesn't the respondent address the data from the Pfizer pivotal study that we've already presented?

The non-fiction author Peter C. Gotzsche will still be quoted in the following, since in his aforementioned book he also deals with "conflicts of interest of medical journals" (from page 113), the "corrupting influence of easy money" (from page 121), with "physicians who receive money from the industry" (from page 127) as well as with "aggressive sales strategies" (from page 145), especially through "clinical studies".

"Intimidation, threats and violence" are also "part of sales promotion" according to Peter C. Gotzsche (ibid, from page 353).

The discerning senate may please take this into account when it has to take from press releases that even such highly respectable personalities as Prof. Bhakdi are currently exposed to criminal charges, charges, admittedly, which will foreseeably prove to be absolutely unfounded.

Peter C. Gotzsche writes (ibid., page 353): "It takes a lot of courage to be a whistleblower. The health care system is so corrupt that people who expose criminal actions by pharmaceutical companies become pariahs. They disrupt the lucrative status quo in which people around them profit handsomely from industry money: Colleagues and bosses, the hospital, the university, the medical specialists, the medical association and some politicians...".

The recognizing senate will certainly have taken note of how positively the success of BioNTech has affected the coffers of the city of Mainz and how much the founders of BioNTech have been showered with awards from the city and university of Mainz, the state of Rhineland-Palatinate, the federal government and many more.

If someone like Prof. Bhakdi has the courage to question the foundations of this economic success, he is sure to be met with opposition from everyone who benefits in any way from the economic success of BioNTech and Pfizer - and other pharmaceutical giants.

Insofar as English-speaking witnesses are summoned, it is assumed on this side that the discerning senate will call in (several) interpreters for the English language.

So much for the Bundeswehr's duty of care. So much indifference towards warnings reveals great differences between claim and reality.

Let us note: the respondent does not wish to hear any further expert witnesses, but cannot and does not wish to elaborate on the reasons for this.

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Since the respondent cannot therefore raise any substantive objections, there is ultimately nothing to prevent the summoning of the designated expert witnesses, also from the respondent's point of view.

B)

As developments so far have shown, not only the respondent but also the public must be made aware of what is actually and exclusively at stake - also in these proceedings:

About the primacy of law, about the defense of law and humanity against all efforts to question and ultimately destroy their foundations.

Law and humanity stand higher than any "science" that uses inhumane methods and/or serves inhumane ends, regardless of whether anything that has been masquerading or being called "science" for the past two years can really be called science.

Without access to justice, man is not a man, and if he were denied this access, there would be no medicine left to cure his basic ailment - the denial of access to justice.

Basic rights such as those of the Basic Law and ethical guidelines such as the Nuremberg Code were created precisely for the purpose of rejecting for all time all forms of a "science" and "medicine" that are devoid of soul, empathy and conscience and that have subordinated themselves to the goals of an ideology or agenda that is hostile to life, technocratic, eugenic, transhumanist or even fascistoid, at least for all times in which man is still man, because he (still) knows in his heart what is right and what is wrong.

A "medicine without humanity" (see book of the same name by Alexander Mitscherlich and Fred Mielke) or a world in which a "Hippocrates stews in hell" (see book of the same name by Michel Cymes) is not wanted by any human being, at least not one who has not sold his soul to the interests of an agenda, that no longer puts the good of man and nature in the foreground, but rather - economically or otherwise motivated - special interests, no matter by what forces and for what motives such an agenda may be promoted (scientists without morals, illegally acting employees of the pharmaceutical industry, eugenicists, transhumanists, etc.).

Who would have thought three years ago that questions of ethics in science, which have been the subject of books such as "The Physicists" and are compulsory reading in schools, would once again become so topical?

Human life, and by that I mean: human life under humane circumstances that allow for a self-determined life, will come to an end if what we have experienced in the last two years "in the name of science" becomes the blueprint for shaping the future.

A good policy is one that protects people's freedom and rights, not one that does the opposite and effectively excludes people from real participation in political events.

When people, especially the weakest in society, especially the elderly, the dying and small children, are forced to wear (demonstrably ineffective and pointless) masks, to observe (demonstrably pointless) distance requirements and to participate in (demonstrably

ineffective but harmful) tests in many areas of life and for hours on end, against all scientific evidence and against all humanity, then "science" is perverted and its function is turned into the opposite.

Incidentally, in the conception and refinement of such measures, which in every respect fulfil the criteria of white torture, "scientists" were also responsible, i.e. people who worked on behalf of the military and secret services to break people without direct physical force.

In this regard, we need only recall the article "Psychology, white torture and the responsibility of scientists" by Prof. Rainer Mausfeld from 2009.

https://www.uni-kiel.de/psychologie/psychophysik/mausfeld/Mausfeld_Psychologie%20%27weisse%20Folter%27%20und%20die%20Verantwortlichkeit%20von%20Wissenschaftlern_2009.pdf

In order for the discerning Senate to delve into this subject, I referred early on to the truly excellent book "The Shock Strategy" by Naomi Klein. The so-called anti-Corona measures and the media orchestra of panic that accompanies them correspond in every respect to this shock strategy, which Naomi Klein traced back more than a decade ago to its historical roots, which included MK-Ultra torture programs.

Such shock effects were explicitly desired by the state in the context of the "Corona pandemic", as the BMI strategy paper "How we get Covid-19 under control", which can still be found on the web, explicitly confessed on page 13 with phrases such as "In order to achieve the desired shock effect" in the context of the target groups mentioned there.

Source:

<https://fragdenstaat.de/dokumente/4123-wie-wir-covid-19-unter-kontrolle-bekommen/>

Yes, also there "scientists" were involved, admittedly those who made their special knowledge available for the purpose of frightening people and even specifically children and old people - completely without reason.

I maintain that someone who is capable of torturing and traumatizing even children is also absolutely untrustworthy from the outset if he pretends as a determining motive to want to protect the health of even one fellow human being by doing so. Such a scientist is simply a hypocrite, who hides the horse's foot behind his scientist's coat and the grimace of a devil behind his smooth glossy grin.

No human being has the right to determine the life and body of human beings and to coerce - directly or indirectly, be it with coercion and/or fear and terror - to an injection with mRNA or vector substances which are associated with incalculable but demonstrably considerable risks to life and health.

Whoever is prepared to sacrifice human lives and to torture people, because he thereby - allegedly - wants to save other human lives, has - not only according to my conviction - already detached himself from all values and legal principles, on which every social contract and thus also the inner peace and the continued existence of every society depends.

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Even many titles and honors, awarded with much fanfare and tinsel, cannot change this finding. Under 1000 wigs, man is and remains who he is.

So if a physician or scientist no longer hears the voice of conscience, no longer considers life sacred and to be protected at all costs, because his moral compass is defective, possibly because he uncritically and obediently places economic and/or political interests higher than the Hippocratic oath, then - I believe - the doctrinal edifices and findings of medicine and science will no longer be able to guide him either. All the money spent on his education was a waste. Society should reclaim it from him. For such a medical man would, in my opinion, be a great danger to the health of the people and the happiness of any society. No good effects and fruits can come from his work any more.

The administration of justice would be destroyed from within if the forces that are supposed to defend the law no longer had the power to put a stop to the forces that simply do what they want and therefore only assign the written law the task of protecting them from just punishment.

Everything that has happened in the last two years "in the name of science" will have to be dealt with under criminal law in due course. And the dimension of the injustice is so gigantic, the number and the suffering of the victims so high, that nothing and nobody can and will prevent this reappraisal in the long run.

So says an ancient Indian epic:

"Only if the king used his punitive power correctly, the collapse of the social order could be prevented." (Mahabharata, translated and commented by Prof. Georg von Simson, published by Verlag der Weltreligionen, p. 380).

Even though some "doctors" and "scientists" won't like it:

The function of law is to protect the natural rights of man, especially his life and dignity, and a medicine that has forgotten this does not deserve to be called "medicine".

It is not the economic interests of pharmaceutical companies and the experimentation of "scientists" that have to determine what "law" is or how fundamental principles of a constitutional state are to be interpreted. Medicine follows the law and not the law follows medicine / science / research.

The law is designed to set limits on powerful special interests that seek to harm the common good for their own exclusive personal gain.

Hopefully, this procedure will make an important contribution to this.

This clarification seems necessary so that no one believes that a few pharmaceutical industry-friendly studies could suspend elementary basic rights or make them available as "privileges" which Art. 79 Para. 3 GG has declared to be unalterable.

C)

Since all pleadings in these proceedings are now also being translated so that they can be made available to the English-speaking world, attention is hereby drawn to the fact that there are still lawyers in Germany too who are fighting for a humane and just world in which the law takes precedence over special interests.

An opinion of a **network of critical judges and public prosecutors** dated 17.3.2022 has confirmed in every respect the legal objections which my colleagues and I have raised in these proceedings against the obligation to tolerate or vaccinate the soldiers.

The legal ideas underlying this legal reasoning are universal in character and can be invoked anywhere in the world in defense of people against all forms of "compulsory vaccination" and, a fortiori, against all forms of compulsion against injections with mRNA- and vector-based substances.

It is therefore justified to quote extensively from this source.

It states, among other things (quote):

"Incompatibility of compulsory vaccination with the COVID-19 vaccines with the Basic Law as well as with binding international law

The Opinion shows that the compulsory vaccination planned in the above-mentioned draft laws or in the application - whether general or stockpiled or limited to certain age groups - is not compatible with the Basic Law and binding international law. In the case of the violation of the Basic Law to be established, the focus of the presentation is placed on a problem that has so far received little attention, namely the fact that the state intentionally kills people with a compulsory vaccination - albeit in a small number in relation to the total number of vaccinations. This is incompatible with the Basic Law's guarantee of human dignity (I.). In the field of international law, violations of the European Convention on Human Rights and the International Covenant on Civil and Political Rights are pointed out (II.).

I. Violation of the Basic Law

1. infringement of the right to life under Article 2.2 sentence 1 of the Basic Law in conjunction with the guarantee of human dignity under Article 1.1 of the Basic Law

Vaccination inevitably causes human death as a side effect. Deaths have now been

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recorded in large numbers. Further suspicious reports are alarming in their number. For example, the Paul Ehrlich Institute (PEI) records the number of 2,255 suspicious case reports of a fatal outcome of vaccination in its safety report of 7.2.2022 up to 31.12.2021.

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Recently, the Federal Constitutional Court also acknowledged this fact in its decision on

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the facility-based obligation to provide evidence. Since a vaccination obligation would affect millions of people who would have to endure this medical intervention per se solely on the basis of the state order, it is certain that deaths would occur among them solely because of this obligation.

From a legal point of view to the point: With the order of compulsory vaccination the state intentionally kills people.

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Legally, it is of no importance that at the time of the order it is not yet known who will be affected as an individualized person. Incidentally - with regard to the disproportionately larger group of the vast majority of people who do not suffer such a side effect - it is a case of attempted homicide; for there is at least contingent intent (*dolus eventualis*). This is given when the acting party considers the death of a person - even if remote and unwelcome - to be possible, but accepts it in order to achieve another goal by acting

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nevertheless - here in the form of the enactment of the law. Here, the occurrence of death is even not only possible, but statistically certain.

This dogmatic assessment is consensus in case law up to this point (at the level of the element of the crime of manslaughter according to § 212 StGB), provided that the person ordering the act was a human being. The circumstance that it is a matter of "the legislator" or the member of parliament voting for this, lets their actions appear in an even more significant light because of their binding to law and justice (Article 20 (3) GG), which is anchored in the Basic Law.

A distinction must be made between this and the question of whether the killing of people could be justified in order to protect other legal interests. This fundamental question was answered by the Federal Constitutional Court in its landmark judgment on the Aviation Security Act. It follows from this that such interventions are not compatible with the right to life under Article 2.2 sentence 1 of the Basic Law in conjunction with the guarantee of

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human dignity under Article 1.1 of the Basic Law.

With this ruling, the Federal Constitutional Court had decided on a constitutional complaint that was directed against the authorization of the armed forces by the Air Security Act to shoot down aircraft by force of arms that are to be used as weapons of terrorists against the lives of people. The Bundestag and the Federal Government had defended the law in these proceedings. The Federal Government was of the opinion that the state was fulfilling its duty to protect life with the Aviation Security Act. If the right to life of one person and the right to life of another came into conflict, it was the task of the legislature to determine the nature and extent of the protection of life (i.e. to decide, if necessary, on the killing of people). The Federal Government took the absurd view that the (innocent) occupants of

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the aircraft affected by a shoot-down would be respected in their human dignity. If one could understand these statements as a sign of an alarming erosion of the concept of human dignity, the Federal Constitutional Court at the time clearly rejected this and

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stated:

"Such treatment disregards those affected as subjects with dignity and inalienable rights. By using their killing as a means of saving others, they are reified and at the same time disenfranchised; by having their lives unilaterally disposed of by the state, the airplane occupants, themselves in need of protection as victims, are denied the value that belongs to human beings for their own sake. "

It follows from these principles that compulsory vaccination with the currently licensed COVID-19 vaccines is incompatible with the right to life under Article 2(2) sentence 1 of the Basic Law in conjunction with the guarantee of human dignity under Article 1(1) of the Basic Law. This is because the most significant purpose of compulsory vaccination cited

by the legislature⁸ is to protect other human lives. The persons concerned, however, are treated as objects with regard to vaccination. They are seen merely as a danger to other people, which must be eliminated or reduced. In this way, the people concerned are reified and at the same time deprived of their rights, in that their lives are disposed of unilaterally by the state. It makes no difference if only a small number of the people affected by compulsory vaccination die as a result. For every single one of them is the bearer of the fundamental right which is finally taken away from him.

This is based on the "object formula" founded by Dürig and applied by the Federal Constitutional Court in its constant case-law, according to which it is contrary to human
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dignity to make the human being - as here - the mere object of state action.

Nor can it be argued against this that the vaccination also serves the self-protection of the vaccinated. Of course, the vaccination is of no use to the affected holders of fundamental rights, because their lives have been taken away from them. Apart from this, it is acknowledged that in our society everyone has the right to self-protection, up to and
11 For

including the risk of death. example, high-risk sports, smoking, poor diet, and excessive stress are permitted, and health-promoting behaviors such as exercise in the fresh air are not mandated by law. Ultimately, because of the absoluteness of human dignity, the state is also precluded from offsetting the number of lives of those it kills against the number of lives of those potentially saved from death by COVID-19.

The Federal Constitutional Court has judged the case differently if there are only attackers
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in the aircraft. In this regard it has stated:

"Whoever, like those who want to misuse an aircraft as a weapon for the destruction of human life, unlawfully attacks the legal interests of others, is not fundamentally called into question in his subject quality as a mere object of state action [...] if the state defends itself against the unlawful attack and tries to ward it off in fulfilment of its duty to protect those whose lives are to be extinguished. On the contrary, it corresponds precisely to the subject position of the aggressor if the consequences of his self-determined conduct are attributed to him personally and he is held responsible for the events that he has set in motion. He is therefore not impaired in his right to respect for the human dignity which is also his own."
"

The fact that in the current rhetorical escalation towards people in politics and society who have not been vaccinated against COVID-19, they cannot even begin to be equated with terrorists in the question of the content of their claim to dignity, requires no further justification. Otherwise, this would be a sign of the complete loss of the category of human dignity in the pandemic.

In addition: In the case of those affected who "only" suffer serious, permanent damage to their health and disabilities, there are good reasons to assume that human dignity has also been violated. For they, too, are subjected to great suffering in order to protect others from illness or death, which also makes them objects of state action.

2. further violations of the Basic Law

An obligation to vaccinate violates other fundamental rights, including the right to physical integrity in Article 2 (2) sentence 1 of the Basic Law, the right to freedom of belief and

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conscience (Article 4 (1), (2) of the Basic Law), the right of parents to educate their children (Article 6 (2) of the Basic Law), the right to freedom of occupation (Article 12 (1) of the Basic Law) and the right to informational self-determination (Article 2 (1), (1) of the Basic Law).

With regard to the medical, microbiological, epidemiological and statistical findings required for this legal assessment, reference is made to the well-founded and detailed elaboration of the grouping "7 Arguments", a consortium of 81 scientists, - "A COVID-19
13

vaccination obligation is unconstitutional" of 9 March 2022.

Because of the legal explanations, reference is made to the recently published expert opinion by Prof. Dr. Dr. Boehme-Neßler "Ist eine allgemeine Impfpflicht gegen das SARS-
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CoV-2 verfassungsgemäß?" of 13 March 2022. In addition, reference is made to the well-founded expert opinion by Prof. Dr. Murswiek, "Freiheitseinschränkungen für Ungeimpfte, Die Verfassungswidrigkeit des indirekten COVID-19-Impfzwangs" (Restrictions on freedom for the unvaccinated, The unconstitutionality of the indirect COVID-19 vaccination requirement) of October 4, 2021, which also includes in detail the
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underlying medical and epidemiological facts, among others.

II. infringement of the European Convention on Human Rights (ECHR) and the International Covenant on Civil and Political Rights (UN Covenant)

Any kind of compulsory vaccination against COVID-19 with the vaccines currently available in Germany violates several articles of the European Convention on Human
16

Rights (ECHR) and the International Covenant on Civil and Political Rights (UN Civil
17

Covenant). The Federal Republic of Germany ratified the ECHR on December 5, 1952, which entered into force on September 3, 1953, and was incorporated into German law
18 The

via a consent law. same applies to the UN Civil Covenant, which the Federal Republic ratified on 17 December 1973 and which entered into force on 23 March 1976.
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German law must be interpreted and applied in accordance with the obligations of the Federal Republic of Germany under international law, which arise from both the ECHR
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and the UN Civil Covenant.

Some of the violations are discussed below: violation of the prohibition to compel participation in medical or scientific experiments (1.), violations of the right to physical and mental integrity (2.) and violations of the right to life (3.).

1. prohibition of coercing participation in medical or scientific experiments, Article 7, first sentence, of the UN Civil Pact

Article 7 of the UN Civil Covenant contains in sentence 1 the prohibition of torture or cruel, inhuman or degrading treatment. In sentence 2, the article also explicitly states: "In particular, no one shall be subjected to medical or scientific experiments without his or her

voluntary consent. "The drafters of the UN Covenant inserted this sentence with the intention of preventing the repetition of "atrocities such as those committed in the
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concentration camps during the Second World War, " and to emphasize the great importance of the prohibition through this specific clarification, even at the risk of repeating the prohibition in sentence 1, which already implicitly included a prohibition on forced
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participation in medical or scientific experiments.

The special significance of the prohibitions in Article 7 of the UN Covenant on Civil and Political Rights is shown by the fact that they are absolute. They can therefore not be restricted under any circumstances. The fact that Article 7 is a non-derogable article also
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lends additional weight. This means that states parties cannot abrogate their obligations under Article 7 even in the case of an emergency officially declared under
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Article 4 of the UN Covenant that "threatens the life of the nation " Even in times of war, the prohibition applies, as is evident from numerous provisions of international treaty
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and customary international humanitarian law applicable in armed conflict.

The prohibition of forced participation in medical or scientific experimentation is elaborated and interpreted in the binding 1997 Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention)²⁶ and its 2005 Research Additional Protocol²⁷ as well as in non-binding international declarations such as the 2005 Universal Declaration on Bioethics and Human Rights²⁸ and the 1947 Nuremberg Code²⁹ . US courts in particular
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have recognized the latter as part of customary international law binding on all states.

To avoid violating Article 7 of the UN Covenant on Civil and Political Rights, participation
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in scientific or medical experiments requires voluntary informed consent. particular, the first principle of the Nuremberg Code emphasizes that the "voluntary consent of the
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subject is absolutely essential" for participation in medical or scientific experiments. Thus, anyone participating in such an experiment must be adequately informed in advance of the purpose and nature of the procedure, as well as its consequences and risks,³³ and must not be subjected to any form of coercion, deception, inducement, or
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other type of pressure. The informed consent process should also be a continuous one, i.e. participants in scientific or medical experiments should be continuously informed
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about new risks, possible negative consequences and uncertainties. Free consent also includes the right to refuse to participate in medical experiments³⁶ and to withdraw
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consent at any time.

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The vaccines against COVID-19 currently available in Germany - from Pfizer/BioNTech (Corminaty), from Moderna (Spikevax), from AstraZeneca (Vaxzevria), from Johnson & Johnson (COVID-19 Vaccine Janssen) and from Novavax (Nuvavax) - must be described as experimental. They have only been granted a conditional marketing
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authorisation by the European Medicines Agency (EMA), which has already been
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extended by one year in the case of the first four vaccines. According to EC Regulation 507/2006,⁴⁰ the EMA may grant conditional marketing authorisations for medicinal products "although comprehensive clinical data on the safety and efficacy of the medicinal
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product have not been submitted". This is possible for medicinal products "intended to
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be used in emergency situations against a threat to public health " if it can fill a healthcare gap⁴³ , the applicant is expected to be able to submit the outstanding comprehensive clinical data, and in this respect the benefit of the immediate availability of the medicinal product outweighs the risk posed by the foreseen submission of additional
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data. Holders of a conditionally granted marketing authorisation are obliged to submit outstanding trial data confirming the positive risk-benefit balance of the medicinal product
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to the EMA within certain deadlines. Numerous trial data remain pending for the aforementioned conditionally licensed COVID-19 vaccines. According to EMA documents, the completion of the clinical trials, and thus the full data, is not expected until
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December 2023 or July 2024. **The very fact that these trials are still ongoing (!) gives the new vaccines a still experimental character.** No amount of intensive promotion of the new vaccines can conceal the fact that questions of efficacy and safety have not yet been conclusively clarified, and in particular that the long-term effects are not yet known. The current Chancellor Scholz rightly said ironically in September 2021: "We
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have all been the guinea pigs for those who have waited until now. "

In parallel, it can be noted that the World Health Organization (WHO) has also "listed" the currently available Covid 19 vaccines under its Emergency Use Listing Procedure (ELUP) for worldwide administration only on an emergency basis (i.e. provisionally), similar to the EMA. At the same time, so-called "realworld data" studies⁴⁸ and other efficacy and safety studies will continue to be conducted over the coming years as part of the globally
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executed vaccination campaigns. Thus, the full safety and efficacy profile of COVID-19 vaccines based on new gene-based technologies⁵¹ developed "at the speed of light
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" -rather than within about 10 to 15 years- will not be known for several years. Even the WHO Ad Hoc Expert Group on the Next Steps for Covid-19 Vaccine Evaluation refers to
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the WHO-listed COVID-19 vaccines as "investigational vaccines".

It obviously follows: Accordingly, any kind of compulsory vaccination with experimental substances would undermine any possibility of voluntary and informed consent to participate in the ongoing medical experiments on the efficacy and safety of the COVID-19 vaccines, in violation of Article 7 of the UN Civil Covenant. Other types of (indirect) coercion, pressure and incentives to participate in scientific or medical experiments - such as loss of employment, exclusion from social and cultural life, from educational institutions, etc., for example via 2G schemes - are also untenable according to the above criteria and violate Article 7 UN Covenant on Civil Liberties.

2. right to physical and mental integrity of the ECHR and the UN Covenant on Civil and Political Rights

Compulsory vaccination would also violate state obligations to respect the right to physical and mental integrity of the person.

The right to physical and mental integrity derives from the ECHR and the UN Covenant on Civil and Political Rights from the right to respect for private life⁵³ and from the
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prohibition of torture or cruel, inhuman or degrading treatment. The right to physical and mental integrity grants a person the exclusive use of and control over his or her body and is thus the basis for self-determined development and action by the individual. The ECtHR generally attaches great weight to the right to physical and mental integrity in its jurisprudence, identifying the freedom to dispose of one's own body as a fundamental value protected by the ECHR⁵⁵ and emphasizing that "a person's body concerns the most
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intimate aspect of private life. "

Just like participation in medical or scientific experiments, any interference with this right
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through medical treatment requires voluntary informed consent. The information provided must meet the same requirements as those mentioned above for participation in medical or scientific experiments, whereby alternative medical treatment procedures, their risks and side effects, as well as the question of what happens if treatment does not take
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place, must also be elicited. Again, it is essential that education is provided without any form of coercion, deception, inducement, or other type of pressure to ensure voluntary consent. Compulsory vaccination that induces people to be vaccinated against their will is not compatible with these requirements.

On the face of it, it could be argued that the right to physical and mental integrity is not absolute, unlike the prohibition of torture and the prohibition of cruel, inhuman and degrading treatment, and can therefore be restricted under Article 8(2) ECHR and Article 17(2) UN Covenant. However, such restrictions are only permitted if they are provided for by law and are necessary (proportionate) in a democratic society in pursuit of an aim
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mentioned in Article 8(2) ECHR - such as the "protection of health " . Moreover, the ECtHR regularly rules that any interference with the right to physical integrity through compulsory medical treatment requires a strong justification due to the high status of the protected interest, and that the margin of appreciation left to the ECHR Contracting States
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to justify their restrictions is therefore narrow.

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In view of the fact that the currently available vaccines against COVID-19 neither prevent
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infections nor contagions, but could at best protect against severe courses for some
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time, remains unclear how a vaccination obligation is supposed to contribute to the
protection of public health, also in view of the low infection fatality rate ("IFR") of COVID-
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1964 and the existence of effective alternative treatment methods. latest,
however, when it comes to the question of proportionality, a serious interference with the
right to physical and mental integrity through a COVID-19 vaccination obligation must
clearly be regarded as a violation of this right. This is because the currently available
vaccines against COVID-19 cannot be described as "safe". As of early March 2022, for
example, there are suspected reports of 25,158 deaths in the US Vaccine Adverse Event
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Reporting System (VAERS) and 23,078 deaths in the EMA's EudraVigilance-
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Database. In addition, the early warning systems reveal a large number of adverse
events associated with the administration of COVID-19 vaccines, including many serious
adverse events.

3. right to life under Article 2 ECHR and Article 6 UN Covenant on Civil and Political Rights

As explained, vaccination also leads to death in some cases. This constitutes a violation
of the right to life, which is protected under Article 2 ECHR and Article 6 UN Covenant on
Civil and Political Rights. State acts of killing violate the right to life unless one of the
exceptional circumstances exhaustively listed in Article 2 ECHR applies: the execution of
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a death sentence, the defence of a person against the unlawful use of force, killing
on the occasion of a lawful arrest, preventing the escape of a lawfully detained person
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or killing to suppress an insurrection. Article 2 ECHR does not permit other justifications
for state killing outside of these exceptional circumstances. Moreover, the latter three
elements are subject to the additional condition of a strict principle of proportionality
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("absolute necessity"). Neither one of the exceptional circumstances applies, nor are
the strict requirements of the principle of proportionality fulfilled. " (end of quote)

Source (with further references in footnotes):

<https://netzwerkkrista.de/wp-content/uploads/2022/03/Netzwerk-Kritische-Richter-und-Staatsanwaelte-Stellungnahme-Impfpflicht-Gesundheitsausschuss-21.3.2022.pdf>

Even the technocrats, eugenicists and transhumanists of this world should have
recognized: no cunning, lie and inhumanity can be disguised with a lot of text and
"science" in such a way that it does not become obvious at some point, certainly not when
the entire world population is affected and as long as there are still people who - precisely
because they are human beings - still know in their hearts what is right and what is wrong.

When, in the name of health protection of all things, all forms of life worth living are destroyed, the old and the sick, even the dying, are isolated from relatives, children are tormented for years with mask obligations in schools and forced to keep their distance from playmates, then it must seem to a believing person who worships the God of charity that the devil of inhumanity and lies has long since taken over the reigns of medicine and those parts of science that also confirm such medicine.

In the following I will explain - as already announced above - what to think of the constant call for "scientific publication" or confirmation by a publication in a scientific journal.

But no one who boasts of an academic education and special knowledge should forget that every person, especially the person without any school or university education, knows in his heart exactly what is right and wrong.

Every person in this world would be able to immediately recognize and "know" that what someone like the concentration camp doctor Dr. Mengele did was grave injustice. Every human being has this inner access to the law.

Since this "duty" to tolerate mRNA injections also touches upon the freedom of faith, it is permitted to quote an excerpt from a religious one here. This also seems to be justified because it must seem especially to a religious person that the events of the last two years can be adequately grasped and described with terms of law but only with prophecies about the end times.

This is what the "Gospel of Peace of the Essenes" says, among other things:

"They sat round about Jesus and asked him, "Master, what are the laws of life? Stay longer with us and teach us. We want to listen to your words, that we may be healed and made righteous. "

And Jesus answered, "Do not seek the law in your holy writings, for the life is the law, but the writing is dead. Truly I tell you, Moses did not receive his laws from God in writing, but by the living word. The law is living word from the living God to living prophets to living men. In everything that lives, the law is written. You find it in the grass, in the tree, in the river, in the mountains, in the birds of the air, in the fish of the sea; but above all, seek it in yourselves. For truly I say to you, everything that lives is closer to God than the Scriptures, which are without life. God created life and all living things that they might teach man the laws of the true Godhead through the ever-living Word. **God did not write the laws in the pages of books, but in your heart and in your spirit.** ... Verily I say unto you, the holy scriptures are the work of men; but the life, and all the hosts thereof, are the work of our God. Why do ye not hearken unto the words of God which are written in his works? And why do ye study the dead scriptures, which are the work of men's hands? " **(End quote)**

Source:

http://www.atair.at/Bibliothek/downloads/evang_d_friedens.pdf?fbclid=IwAR09oH-QtfbA8voVVrJBmOKWuUKyADaQW1LtxMuqhbpiNBZ91V9u8nhPrQ

If - as the complainants and their lawyers assume - every single human life counts and already one single person who has died or suffered severe health damage due to these mRNA injections (which are not indicated for this group of people!!) can no longer be

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justified, then everyone - including every responsible person of the respondent - should ask themselves how it would affect their own lives if fate were to cause the death or severe (and chronic) illness of the very person who is particularly close to them.

D)

Let us now turn to the question that - as in the fairy tale "The Emperor's New Clothes" - all those involved probably know that mRNA injections are neither effective nor safe, but still do not dare to speak this truth.

After so many months, data and studies, everyone who wants to know knows this, especially all the experts. Very many remain silent, for a variety of reasons, but not all.

Sometimes it happens that at the exact moment a post is published on the very topic you want to include in your talk.

On 18.5.2022 an article by Dr. Peter F. Mayer was published in the online magazine "tkp - der Blog für Science & Politik" with the title "**Abrechnung mit der Pandemie der Lügen**".

In my opinion, this contribution perfectly summarizes what I wanted to bring to the attention of the discerning Senate with this brief as a matter of priority, so that it can immediately recognize in the future what strategy the respondent apparently pursues when he demands a "scientific publication" from the expert witnesses of the complainants in all possible and impossible contexts.

We do not forget: we are talking about the respondent, who still owes many answers to many questions of the complainants and their lawyers. The respondent withholds data that is needed in order to be able to adequately assess the question of the effectiveness and safety of the coronavirus vaccinations, and only discloses it to the extent that he feels compelled to do so. But he demands from others that they publish their findings in scientific journals, knowing full well who exerts a determining influence on their contents.

For this area of "scientific publication" is - and the representatives of the respondent will certainly be aware of this - precisely dominated by the forces behind this campaign with mRNA injections.

No further justification is needed, because it is immediately obvious: anyone (publishers, TV and radio stations, etc.) who is dependent on advertising revenue will think a hundred times before publishing an article that could alienate their (main) sponsor or advertiser.

The aforementioned article by Dr. Peter F. Mayer now states (quote):

"It has become increasingly rare in the past two years that scientists have been able to publish critical opinions and scientific findings that contradict official policy. **Censorship is not only hitting social media, but also scientific publications, especially those related to medicine.**

However, there are notable exceptions such as the one just published in PubMed Surgical Neurology International erschienene Artikel entitled "*COVID UPDATE: What is the truth?*"

" (COVID UPDATE: What is the truth?) shows. Saved here as a pdf for safety, should it disappear again after all:

COVID UPDATE: What is the truth?

The author, Dr. Russel L Blaylock, also diagnoses in the very beginning(what) has been going on for two years:

"Until this pandemic event, I've never seen so many journal articles retracted - the vast majority promoting alternatives to official dogma, especially when the articles question vaccine safety. "

"These journals depend on substantial advertising revenue from pharmaceutical companies for their income. There have been several instances where powerful pharmaceutical companies have used their influence on the owners of these journals to remove articles that question the products of these companies in any way. "

"The media (television, newspapers, magazines, etc.), medical societies, state medical boards, and social media operators have appointed themselves the sole source of information on this so-called "pandemic." Websites have been removed, highly qualified and experienced clinical physicians and scientific experts in the field of infectious diseases have been demonized, careers have been destroyed, and all dissenting information has been labeled "misinformation" and "dangerous lies," even when it came from top experts in the fields of virology, infectious diseases, pulmonary critical care, and epidemiology. This obfuscation of the truth occurs even when this information is supported by extensive scientific citations from some of the most qualified medical specialists in the world.

Highly qualified scientists and successful physicians are also affected: "Dr. Peter McCullough, one of the most cited experts in his field, who has successfully treated over 2000 COVID patients with an early treatment protocol (which has been completely ignored by the so-called experts), is the victim of a particularly vicious attack by those who profit financially from the vaccines. ... Yet he is under incessant attack by the information controllers, none of whom have treated a single patient. "

Here are some more highlights from the article worth reading:

Neither Anthony Fauci, the CDC, the WHO, nor any government medical facility has ever offered any early treatment other than Tylenol, hydration, and calling an ambulance as soon as you have shortness of breath. This is unprecedented in the entire history of medical care, as early treatment of infections is critical to saving lives and preventing serious complications. These medical organizations and their lapdogs at the federal level have not only failed to propose early treatment, they have attacked anyone who has attempted to initiate such treatment with every weapon at their disposal - loss of accreditation, revocation of hospital privileges, shaming, destruction of reputation and even arrest

The COVID-19 pandemic is one of the most manipulated infectious diseases in history, characterized by official lies in a never-ending stream led by government bureaucracies, medical associations, medical boards, the media, and international agencies. We have seen a long list of unprecedented intrusions into the practice of medicine, including attacks on medical experts, the destruction of medical careers of doctors who refuse to participate in the killing of their patients, and massive regimentation of health care led by unqualified individuals with enormous wealth, power, and influence.

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For the first time in American history, a president, governors, mayors, hospital administrators, and federal bureaucrats are determining medical treatments based not on accurate scientific or even experience-based information, but on forcing acceptance of specific forms of care and "prevention" - including remdesivir, use of ventilators, and eventually a series of essentially untested messenger RNA vaccines. For the first time in the history of medical treatment, protocols are being formulated not based on the experience of doctors who have successfully treated most patients, but by individuals and bureaucracies who have never treated a single patient - including Anthony Fauci, Bill Gates, the EcoHealth Alliance, the CDC, the WHO, state public health officials, and hospital administrators.

About the media and the pharmaceutical industry

Even worse is the actual design of medical articles to promote drugs and pharmaceutical products that include falsified studies, so-called ghost-written articles.[49,64] Richard Horton is quoted by the Guardian as saying that "journals have become information laundries for the pharmaceutical industry." [. Proven fraudulent "ghostwriting" articles sponsored by pharmaceutical giants have regularly appeared in leading clinical journals such as JAMA and the New England Journal of Medicine - and have never been removed despite proven scientific misuse and manipulation of data.

Ghostwritten articles use planning firms whose job it is to draft articles with manipulated data to support a pharmaceutical product and then have those articles accepted by top-tier clinical journals, i.e., the journals most likely to influence physicians' clinical decision-making. They also provide physicians in clinical practice with free reprints of these manipulated articles. The Guardian found 250 companies engaged in this ghostwriting business. The final step in shaping these articles for publication in the most prestigious journals is to recruit recognized medical experts from reputable institutions to add their names to these articles. These recruited medical writers are either paid to agree to add their name to these pre-written articles, or they do so for the prestige of having their name on an article in a prestigious medical journal.

.....

As for the information provided to the public, virtually all the media are under the control of these pharmaceutical giants or others who are profiting from this "pandemic". Their stories are all the same, both in content and in wording. Cover-ups are staged daily, and massive data exposing the lies of these information controllers is hidden from the public. All of the data that is disseminated through the national media (television, newspapers, and magazines), as well as the local news you see every day, comes exclusively from "official" sources - most of which are lies, distortions, or completely pulled out of a hat - all designed to deceive the public.

The television media gets most of its advertising budget from the international pharmaceutical companies, which exerts an irresistible influence to report on all the fake studies that support their vaccines and other so-called treatments.[14] In 2020 alone, the pharmaceutical industry spent \$6.56 billion on such advertising.[13,14] Pharmaceutical television advertising accounted for \$4.58 billion, an incredible 75% of their budget. This buys a lot of influence and control over the media. World-renowned experts in all fields of infectious disease are barred from the media and social media should they speak out in any way against the lies and distortions concocted by the manufacturers of these

vaccines. In addition, these pharmaceutical companies are spending tens of millions of dollars on social media advertising, with Pfizer leading the way with \$55 million in 2020.

The health industry

These attacks on free speech are frightening enough, but even worse is the near-universal control that hospital administrators have exerted over the details of medical care in hospitals. These stooges now dictate to doctors what treatment protocols they must follow and what treatments they must not use, no matter how harmful the "approved" treatments are or how beneficial the "unapproved" treatments are.

Never in the history of American medicine have hospital administrators dictated to their physicians how to practice medicine and what drugs they may use. The CDC has no authority to dictate to hospitals or doctors about medical treatments. Yet most doctors complied without the slightest resistance.

The Federal Care Act furthered this human catastrophe by offering all U.S. hospitals up to \$39,000 for every ICU patient they put on a ventilator, even though it was clear early on that ventilators were a major cause of death for these unsuspecting, trusting patients. In addition, the hospitals received \$12,000 for each patient admitted to the ICU - which in my opinion, and in the opinion of others, explains why all the federal medical agencies (CDC, FDA, NIAID, NIH, etc.) did everything in their power to prevent life-saving early treatments. Letting patients deteriorate to the point where they had to be hospitalized meant a lot of money for all hospitals. A growing number of hospitals are in danger of bankruptcy, and many closed their doors even before this "pandemic." Most of these hospitals are now owned by national or international companies, including teaching hospitals.

It is also interesting to note that with the emergence of this "pandemic," the number of hospital corporations buying up a number of these financially vulnerable hospitals has skyrocketed. It has been noted that these hospital giants are using billions in federal grants to take over these financially vulnerable hospitals, further expanding the power of corporate medicine over physician independence. Physicians who have been forced out of their hospitals have a hard time finding other hospitals to join, as they may also be owned by the same corporate giant. As a result, mandatory vaccination affects a much larger number of hospital employees. For example, the Mayo Clinic has laid off 700 employees for exercising their right to refuse a dangerous, essentially untested experimental vaccine, even though many of these employees worked during the worst of the epidemic and are being laid off, even though the Omicron variant is the predominant viral strain that has the pathogenicity of the common cold for most and the vaccines are ineffective at preventing infection.

What we do know is that major medical centers like the Mayo Clinic receive tens of millions of dollars in NIH grants every year, as well as money from the pharmaceutical manufacturers of these experimental "vaccines." In my opinion, this is the real reasoning behind this policy. If this could be proven in court, the administrators who enact these regulations should be prosecuted to the fullest extent of the law and sued by all aggrieved parties.

The problem of hospital insolvencies has gone from bad to worse because of hospital vaccination requirements and the resulting refusal of large numbers of hospital

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employees, especially nurses, to be forcibly vaccinated - an unprecedented event in the history of medical care.

When this pandemic broke out, hospitals were ordered by the CDC to follow a treatment protocol that resulted in the deaths of hundreds of thousands of patients, most of whom would have recovered had proper treatment been allowed. Based on the findings of physicians who successfully treated most Covid patients, it is estimated that of the 800,000 people who allegedly died from Covid, 640,000 not only could have been saved, but in many cases could have regained their pre-infection health had early treatment with these proven methods been prescribed. This neglect of early treatment constitutes mass murder. It means that 160,000 people would have actually died, which is far less than the number who died at the hands of bureaucracies, medical associations, and medical boards that refused to advocate for their patients. Studies of the early treatment of thousands of patients by courageous, caring physicians have shown that seventy-five to eighty percent of the deaths could have been prevented.

Is there really a pandemic?

It is also important to remember that this event never met the criteria for a pandemic. The World Health Organization changed the criteria to make it a pandemic. To qualify for pandemic status, the virus must have a high mortality rate for the vast majority of people, which was not the case (with a survival rate of 99.98%), and there must be no known treatments - which was the case with this virus - but a growing number of very successful treatments.

The draconian measures taken to contain this invented "pandemic" have never proven successful, such as masking the public, lockdowns, and social distancing. A number of carefully conducted studies during previous flu seasons have shown that masks, of any kind, have never prevented the spread of the virus in the population.

Some very good studies even suggested that the masks were actually spreading the virus because they gave people a false sense of security, and other factors such as observing people constantly violating sterile technique by touching their mask, improperly removing it, and leaking infectious aerosols around the edges of the mask. In addition, masks were discarded in parking lots and walking paths, placed on tables in restaurants, and stashed in bags and purses.

Within minutes of putting on the mask, a number of pathogenic bacteria can be cultured from the masks, putting immunocompromised individuals at high risk for bacterial pneumonia and children at higher risk for meningitis. In a study by researchers at the University of Florida, more than 11 pathogenic bacteria were cultured from inside the masks of children in schools.

It was also known that children were at essentially no risk of contracting or transmitting the virus. In addition, it was known that wearing a mask for four hours (as in all schools) leads to significant hypoxia (low oxygen levels in the blood) and hypercapnia (high CO₂ levels), which have a number of adverse health effects and also affect the development of the child's brain.

Tools of the Indoctrination Trade

The inventors of this pandemic anticipated that the public would fight back and ask embarrassing questions. To prevent this, the controllers fed the media a variety of tactics, one of the most commonly used was and is the "fact checker" scam. Whenever confronted with carefully documented evidence, the media "fact checkers" countered with accusations of "misinformation" and an unsubstantiated "conspiracy theory" that was labeled "debunked" in their lexicon. We were never told who the fact-checkers were or where their "debunking" information came from - we were just told to believe the "fact-checkers." ... Here is a list of things that were called "myths" and "misinformation" that later turned out to be true.

- The asymptomatic vaccinated spread the virus in the same way as the unvaccinated symptomatic infected.
- The vaccines do not provide sufficient protection against new variants such as Delta and Omicron.
- Natural immunity is far superior to vaccine immunity and is most likely lifelong.
- Vaccine immunity not only wears off after a few months, but all immune cells are damaged for a longer period of time, putting the vaccinated at high risk for all infections and cancer.
- COVID vaccines can cause a significant incidence of blood clots and other serious side effects.
- Proponents of the vaccine will call for numerous booster shots as soon as a new variant hits the market.
- Fauci will insist that the Covid vaccine be used for infants and even toddlers.
- Vaccination cards will be required to enter a business, board a plane, and use public transportation.
- There will be internment camps or lockdowns for the unvaccinated (as in Australia, Austria and Canada)
- The unvaccinated are denied employment.
- There is collusion between the government, elite institutions and vaccine manufacturers
- Many hospitals were either empty or low occupancy during the pandemic.
- The spike protein from the vaccine enters the nucleus and alters the DNA repair function of the cells.
- Hundreds of thousands were killed by the vaccines and many times that number were permanently damaged.
- Early treatment could have saved the lives of most of the 700,000 people who died.
- Vaccine-induced myocarditis (which was initially denied) is a significant problem that subsides within a short time.
- Special lethal batches of these vaccines are mixed with the bulk of other Covid 19 vaccines.

Several of these claims by vaccination opponents can now be found on the CDC website - most are still referred to as "myths." Today, extensive evidence has confirmed that each of these so-called "myths" was in fact true. Many are even admitted by the "saint of vaccines," Anthony Fauci. For example, we were told even by our cognitively impaired

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president that all those vaccinated could remove their masks as soon as the vaccine was released. Yikes, shortly thereafter we learned that the vaccinated have high concentrations (titers) of the virus in their noses and mouths (nasopharynx) and can transmit the virus to others they come in contact with - especially their own family members. Masks need to be put back on - in fact, double masking is recommended. It is now known that the vaccinated are the main carriers of the virus, and hospitals are full of sick vaccinated people and people suffering from severe vaccination complications.

Another tactic of vaccination advocates is to demonize those who oppose vaccination for a variety of reasons. The media labels these critical thinkers "anti-vaxxers," "vaccine deniers," "anti-vaccinationists," "murderers," "enemies of the common good," and those who are prolonging the pandemic.

Conclusions

We are all currently experiencing one of the most drastic changes in our culture, economic system, and political system in the history of our country and the rest of the world. We have been told that we will never return to "normal" and that a major reset is planned to create a "new world order." Klaus Schwab, the head of the World Economic Forum, has laid all this out in his book on the "Great Reset". This book gives a good insight into the mindset of the utopians who are proud to call this pandemic "crisis" their path to a new world. This New World Order has been planned by the manipulative elite for over a century. In this paper, I have focused on the devastating effects this is having on the medical care system in the United States, as well as much of the Western world... ..

As you have seen, an unprecedented series of events has occurred within this system. Hospital administrators, for example, have assumed the position of medical dictator, ordering doctors to follow protocols not from those with extensive experience in treating this virus, but from a medical bureaucracy that has never treated a single COVID-19 patient. For example, the use of ventilators on COVID-19 patients in the ICU was mandated in all medical systems, and dissenting physicians were quickly removed from their positions as caregivers, even though they could demonstrate clearly superior treatment methods. In addition, physicians were instructed to use the drug Remdesivir despite its proven toxicity, lack of efficacy, and high complication rate. They were instructed to use drugs that affect breathing and to mask each patient even though the patient's breathing was impaired. In each case, those who refused to abuse their patients were removed from the hospital and even threatened with loss of licensure - or worse.

For the first time in modern medical history, early medical treatment of these infected patients was ignored nationwide.

Families were not allowed to see their loved ones, so these seriously ill people were forced to face their deaths alone in hospitals. ... In a number of states, especially in New York State, infected elderly people were deliberately moved from hospitals to nursing homes, resulting in a very high mortality rate among these nursing home residents. At the beginning of this "pandemic", over 50% of all deaths occurred in nursing homes.

During this "pandemic" we have been fed a never-ending series of lies, distortions, and disinformation by the media, public health authorities, the medical bureaucracy (CDC, FDA, and WHO), and medical associations. Doctors, scientists, and infectious disease experts who have formed associations to develop more effective and safer treatments have been routinely demonized, harassed, shamed, humiliated, and suffered the loss of

their licenses and hospital privileges, and in at least one case, ordered psychiatric evaluation.

...

The draconian measures of masking, lockdown, testing of the uninfected, use of the inaccurate PCR test, social distancing, and tracing of contacts had already proved unhelpful, if at all, in previous pandemics, but all attempts to reject these methods were unsuccessful. Some states ignored these draconian orders and recorded either the same or fewer cases, as well as deaths, than the states with the most strictly enforced measures. Again, neither evidence nor overt demonstrations led to the cessation of these socially destructive measures. Even when entire countries like Sweden, which avoided all of these measures, had the same infection and hospitalization rates as the countries with the most stringent, very draconian measures, there was no change in the policies of the controlling institutions. No amount of evidence changed anything.

Experts in the psychology of destructive events such as economic collapses, major disasters, and previous pandemics have shown that draconian measures carry an enormous price in terms of "deaths from despair" and a dramatic increase in severe mental disorders. The impact of these pandemic measures on children's neurological development is catastrophic and largely irreversible.

Over time, tens of thousands could die as a result of this damage. Even as these predictions emerged, the controllers of this "pandemic" continued full steam ahead. A drastic increase in suicides, an increase in obesity, an increase in drug and alcohol use, a deterioration of many health measures, and a frightening increase in psychiatric disorders, especially depression and anxiety, were ignored by those responsible for this event.

We eventually learned that many of the deaths were due to medical neglect. People with chronic diseases, diabetes, cancer, cardiovascular disease, and neurological conditions were no longer being properly cared for in their clinics and doctors' offices. Non-urgent surgeries were being postponed. Many of these patients preferred to die at home rather than go to hospitals, and many considered hospitals to be "death houses."

The head of the insurance company OneAmerica stated that its data indicates that the mortality rate for people aged 18 to 64 has increased by 40% compared to the pre-pandemic period. Scott Davidson, the company's executive director, said that this was the highest mortality rate in the history of insurance records, which conducts extensive data collection on mortality rates each year. Davidson also pointed out that such an increase in mortality rates has never been seen in the history of collecting mortality data. In previous disasters of monumental proportions, the mortality rate increased by no more than 10 percent; 40 percent is unprecedented.

Dr. Lindsay Weaver, Indiana's Chief Medical Officer, stated that hospitalizations in Indiana are higher than at any time in the last five years. This is critical because vaccines were supposed to significantly reduce deaths, but the opposite has occurred. Hospitals are flooded with vaccine complications and people in critical condition due to the medical neglect caused by the lockdowns and other pandemic measures.

Dramatic numbers of these people are dying now, with the increase following the introduction of vaccines. The lies spread by those who have appointed themselves

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medical dictators are endless. First we were told that the lockdown would only last two weeks, but it lasted over a year. Then we were told that masks were ineffective and did not need to be worn. That was quickly reversed. Then we were told the cloth mask was very effective, now it's not, and everyone should wear an N95 mask, and before that they should wear a double mask. ... We were told that the hospitals were mainly filled with the unvaccinated, and later it turned out that the exact opposite was the case worldwide. We were told that the vaccine was 95% effective, only to be told that the vaccines were actually causing a progressive erosion of innate immunity.

When the vaccines were released, women were told the vaccines were safe at all stages of pregnancy, only to find out that no pregnancy safety studies had been conducted during the "safety testing" prior to the vaccine's release. We were told that careful testing on volunteers prior to EEA approval for public use proved the extreme safety of the vaccines, only to learn that these unfortunate volunteers were not followed up on, medical complications caused by the vaccines were not paid for, and the media covered it all up. [We also learned that the pharmaceutical manufacturers of the vaccines were told by the FDA that further animal testing was unnecessary (the general public would be the guinea pigs). Incredibly, we were told that Pfizer's new mRNA vaccines had been approved by the FDA, which was an outright deception, as a different vaccine was approved (Komirnaty) and not the one used, the BioNTech vaccine. The approved Komirnaty vaccine was not available in the United States. The national media told the public that the Pfizer vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice.

"

Source:

<https://tkp.at/2022/05/18/abrechnung-mit-der-pandemie-der-luegen-in-pubmed/>

No one wants to live in this "New Normal" in the world we have been living in for the past two years. If what we have experienced in the last two years is to be the blueprint for the society in which we are to live in the future, then we would all have reason to worry whether we would then still be able to live, age, become ill and also die with dignity in this dystopian world.

Who would want to lie in a nursing bed at some point, possibly weak and unable to defend himself, and then experience something being injected into his body that he would never have tolerated in full possession of his mental and physical powers?

Does anyone believe that the seniors who were given the new injections were adequately educated beforehand?

We have already shown that even the respondent's clarification note is grossly flawed. Significantly, the respondent does not comment on this with a single word.

Should everything be possible and also "allowed", if it is only passed off by some bought scientist as "science" or serving the supposed scientific progress? Science as a substitute religion? The mass of people can no longer comprehend many questions that are also in dispute in this process, because they lack the basic knowledge, so they have to blindly trust the new "authorities" and princes of the new religion of "science"

The BVMg can gladly cite tens of thousands of studies from pharma-friendly (specialist) journals: all this does not change the fact that the right of an obligation to tolerate gene-based and, moreover, experimental injections draws a clear line and no free citizen, who is still aware of his natural rights, wants to live in such a world, in which third parties presume to dispose of his body and standardize and restrict his entire thinking and acting by a sea of weekly changing regulations, even if he has bowed to such a "vaccination dictate".

There is no "science" that carries within itself the right to make human beings the mere object of highly dangerous experiments with "gene therapeutics".

Those responsible at the PEI will also have to face the question:

Where is the limit that must not be exceeded? How many people (still) have to die or become seriously ill before the approval of gene-based injections is suspended or revoked?

Do these limits still exist at all when politicians, IT company bosses, pharmaceutical giants and NGOs such as the WHO arbitrarily declare the next pandemic and then allow the presumption of immediately wanting to "vaccinate" the whole of humanity with completely new substances without any long-term study?

So how many livelihoods have to be destroyed, how many people have to die or become seriously ill, fall into infirmity, suffer a heart attack or stroke, for this PEI to say: "That is indeed a little too much human suffering. We're ending this "vaccination program. "?"

That is one of the central questions of this time. What does a human life still count for? And can anyone presume to dispose of the lives and health of fellow human beings in this way, especially of people who have never been properly informed and who would never have given or would never give their consent if they had been properly informed?

E)

But let us return to the question of why requiring publication of a critical article in a professional journal is a subtle deception of the public and misleading of the court, and thus a blinding grenade.

When Prof. Dr. Dr. Steinestel asks the expert witness Prof. Dr. Burkhardt why he had not published his findings in a medical journal, this question obviously served not only to mislead the Court, as this has already been explained in my written statement of 15.5.2022. No one would demand of a forensic pathologist who testifies in court that he first publishes his autopsy results in a - preferably reputable - professional journal. Any forensic pathologist would only be able to laugh heartily at such a demand.

Prof. Dr. Dr. Steinestel should not only know, but certainly also knows that - for the reasons outlined above - it can become an insurmountable hurdle even for a highly renowned scientist to publish an article in a respected medical journal that critically examines the side effects of novel mRNA injections.

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Prof. Dr. Burkhardt has already reported such difficulties in finding a journal willing to publish his findings during his hearing on 2.5.2022, but did not elaborate on this.

With a little polemic, one could say: A scientist who has something to say that is "bad for business" for the pharmaceutical giants has a hard time. And this is especially true in the world of medical journals.

So if someone like Prof. Dr. Dr. Steinzel asks a pathologist like Prof. Dr. Burkhardt why he does not publish his findings in a (preferably renowned) medical journal, then it is reasonable to assume that he is only asking this because he knows full well that a pathologist whose findings are, as it were, sand in the gears of the pharmaceutical industry, would have virtually no chance of publishing these findings in a renowned journal.

In order to be able to trace the influence of the pharmaceutical industry on the whole of medicine, from the training of all medical professions to the definition of the content of training to the filling of posts at universities, the allocation of third-party funding for research and scholarships and endowed professorships, as well as the publication of (pharma-friendly) articles in specialist journals, in its full dimension, one would basically have to trace the history of medicine here since the beginning of the 20th century, which would also include the biography and impact of scientific frauds such as Pasteur and Koch.

That is beyond the scope of this brief.

But if the discerning Senate wishes to review this history of modern medicine, which is indispensable for understanding the present, then the following sources in particular are recommended for this purpose:

1.

"Virus Delusion" by Dr. med. Köhnlein et al., chapter there "The Seizure of Power by the Microbe Hunters" (pp. 63 - 106).

2.

The newly published "Vaccination Graveyard. Was das Volk, die Sachverständigen und die Regierungen vom Segen der Impfung wissen" (What the people, the experts and the governments know about the blessing of vaccination) from 1912 (!), to which the colleague Mrs Bahner has drawn attention, impressively proves that already more than 110 years ago - to the sorrow of many people - an adequate reappraisal of vaccination complications was prevented, especially by the authorities responsible at that time.

The parallels between then and now are startling.

3.

The tactic behind this confusion is "You have a study that's against me? No problem, I'll easily fund 100 studies that are for me." is called "war gaming", war gaming for profit.

This war gaming, which concerns the funding of questionably designed studies, is also intended to "spread the message of scientific disagreement" and includes "smear campaigns" against critical scientists, is very old and was already invented by the tobacco industry and later adopted by the mobile phone industry, which wanted to deny the dangers due to high exposure to electromagnetic fields for economic reasons.

Dr. Josef Mercola has vividly described the history of war gaming in his book "EMF - Electromagnetic Fields" starting on page 72. This can only be referred to here so that the scope of this brief is not exceeded.

On YouTube, however, there is also (still) a documentary worth watching with the title "**War-Gaming for Profit. Mobilfunkstrahlung, Krebsgefahr & Industrielobbyismus**", which shows these strategies of the mobile phone industry against critical scientists and against their explosive research results on health-damaging effects of mobile phone radiation:

https://www.youtube.com/watch?v=HNMQgLQ_xDg

If the discerning Senate will watch this documentary, they will be able to answer for themselves the question of whether the pharmaceutical industry and its helpers from powerful networks have taken the strategy of war gaming to new dimensions in the last two years.

4.

The expert Peter C. Gotzsche, named by us, states in his book "Deadly Medicine and Organized Crime" among other things (quote):

"Clinical trials are marketing in disguise

No matter what the pharmaceutical industry does, no matter what it calls it, and no matter what it says about its noble motives, it is always about one thing: selling drugs. It does this brilliantly because it tightly controls the nature of the information about its products and the flow of information, both in scientific articles and in marketing. Its clinical trials are rarely research in the true sense of the word (see Chapter 5), and its marketing is disguised as research. The studies often have a flawed design; moreover, further errors are built in during data analysis. Misleading results are announced to ensure that the study boosts sales, regardless of what an honest test would have revealed..." (ibid., p. 145, with many references).

I hope that at least one judge of the discerning Senate will obtain this book.

If the discerning Senate knew what all was in there, it would certainly no longer be in a position - in contrast to the (allegedly) bona fide respondent - to simply blindly trust in the "integrity" of the data of pharmaceutical companies such as Pfizer and the companies cooperating with them.

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Trust is good, control is better, and extremely critical examination is indispensable, even if the respondent would apparently like to handle it differently.

5.

"Almost all medical journals are interest-driven.

The influence on medical associations and journals is enormous and almost all medical "experts" are in some way dependent on industry from which they benefit financially. A large proportion of scientific journals are dependent on and influenced by the pharmaceutical industry without this being apparent to the reader. Contacts between companies and researchers have become so dominant that the New England Journal of Medicine had to waive its requirement that authors evaluating clinical trials have no financial ties to the companies whose drugs are being evaluated. The journal simply could not find enough independent experts and had to limit their financial dependence to \$10,000/year (8). More than half of all editorials and reviews in even prestigious journals are substantially prepared by professional writers from industry.

Faculty and professional societies are also intransparently dependent on industry. Far too little attention is paid to the influence of industry on the formulation of treatment guidelines. It is often difficult to distinguish between the statements of the professional societies and those of the industry. The manifold entanglements between industry and medicine have prompted calls in U.S. medicine, including leading medical schools, for research and training to be independent of the direct influence of industry and for third-party funding and funds for training to be placed in a pool allocated by an independent body.... "

Source:

<https://www.ipnw.de/soziale-verantwortung/gesundheitspolitik/pharmakampagne/artikel/de/die-pharmaindustrie-und-ihr-einfluss.html>

6.

Süddeutsche Zeitung headlines on 7.4.2015 "Out of consideration for the pharmaceutical companies".

The introduction says: "The editor of a medical journal resigns because his critical commentary is not allowed to be printed. The incident shows the influence the pharmaceutical industry wields.... "

Source:

<https://www.sueddeutsche.de/gesundheit/medizin-kann-man-das-nicht-abschwaechen-1.2419538>

7.

Another enlightening article from the online portal "FAcheitungen.de":

"Influence of the pharmaceutical industry through sponsorship and gifts.

Vienna (pte/20.11.2008/13:59) - The health industry exerts great influence not only on doctors but also on journalists, putting them in conflicts of interest. This is what medical scientist Steven Woloshin from Dartmouth University dms.dartmouth.edu and Australian colleagues found in a study published in the British Medical Journal www.bmj.com. The researchers identified particular threats to journalistic independence in the areas of training, journalistic awards and the everyday routine of reporting.

"Some journalist colleagues like to be invited to exotic places. By reporting accordingly, they ensure that they will be invited again in the future," medical journalist Hans Weiss tells [presstext](http://presstext.com). In his current book, Weiss discusses how doctors allow themselves to be influenced by the pharmaceutical industry. Behind journalists' ability to be influenced, he sees a failure of editorial offices. "The problem is that the media do not pay for the travel of journalists necessary for research. Independent reports cannot be delivered this way." Corrupt behaviour is common in several areas of journalism, especially travel journalism, for example, he said. The difference, however, lies in the consequences of the work, he said. "Reporting on medicines is about health, hence life and death of patients. Medical journalists have a much greater responsibility," Weiss said.

Like Weiss, the journalist Bert Ehgartner has attracted attention in the recent past with publications critical of pharmaceuticals. He underlines to [presstext](http://presstext.com) the problem of a lack of professional training. "There is no training in Austria to become a medical journalist, but editors rather slip into this activity." The lack of critical faculties of journalists, he says, concerns the same basic problem as with doctors. "Doctors are generally just as unable to distinguish between a good study and a study directed by the pharmaceutical industry, because they do not receive adequate epidemiological training in medical school," Ehgartner said. The Dartmouth study had criticized the funding practices of journalism schools, which pharmaceutical companies used to subtly gain greater loyalty from students and faculty. In addition, journalists do not take a critical enough view of irresistible anecdotes about treatment successes, because they may well concern exceptional cases and thus mislead the audience.

The close entanglement between editorial and business interests of media companies increasingly blurs the boundaries between PR and journalism, the study criticizes. In the case of health pages in tabloid media, Ehgartner says the link with funders is particularly close, estimating the proportion of editorial content linked to ads at 50 percent. "Often a health topic is brought up and a few pages further on you find a corresponding ad." A health journalist of an Austrian tabloid would have advertised registered branded articles, which, however, were not recognizable as such, Ehgartner reports. Critical distance is particularly problematic with specialist media, he says. "In the case of almost all medical journals, the publishers are dependent on the advertisements of the pharmaceutical industry," says the medical journalist.

Source:

<https://www.fachzeitungen.de/pressemeldungen/korruption-im-medizinjournalismus-10728/>

Against this background, too, no one should be influenced by irrelevant opinions expressed by controlled "fact-checkers" who presume to judge factual issues and the work of experts, even though they are not qualified to do so at all.

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What kind of times are we living in that such pseudo-fact checkers are listened to at all?

8.

What about "free research"?

In the article "Gekaufte Wissenschaft" by Prof. Dr. Christian Kreiß on "heise.de" of 28.8.2020 it says (quote):

"Only one sixth of research is still free, and the vast majority is carried out in the service of profit maximisation. This undesirable development could easily be changed if the political will existed.

In Germany, about one sixth of all research is currently free, while five sixths is research that is bound by directives, most of it in the service of industry, and a smaller part by detailed state bureaucratic guidelines. In other words, of the 700,000 or so people who do research in Germany (full-time equivalents), well over 500,000 are NOT free to pursue their own research questions, but are instead given instructions by corporate management or other staff departments on what they are to research.

In the vast majority of cases, the focus is on how to maximise profits, not on what is good for the country and its people. Even at state universities, only about one in two research euros is available for free research; the other half is dictated by third-party funding. So even at universities and universities of applied sciences, only about one in two professors can do free research, and one in two does research beyond what has been agreed with the third-party funder. Free research has declined sharply in Germany over the last 30 years or so. "

Source:

<https://www.heise.de/tp/features/Gekaufte-Wissenschaft-4876172.html>

It is fitting to mention that there is currently even a "Sahin Working Group" at the University Medical Center Mainz, which is headed by Prof. Dr. Sahin himself:

<https://www.unimedizin-mainz.de/immunologie/arbeitsgruppen/ag-sahin.html>

The question of whether and to what extent the University of Mainz receives third-party funding from BioNTech will be clarified in another context.

9.

I have already reported on the sad fate of the former board member of BKK ProVita, who had sent a "severe warning signal" to the PEI on 21.2.2021.

10.

Dr. med. Gerd Reuther, author of the books "Heilung Nebensache" and "Der betrogene Patient", also named by us as an expert witness, has found clear words on the practices in drug testing in his article "Knechte der Pharmaindustrie" (Servants of the pharmaceutical industry) published on the online magazine Rubikon on 19.5.2020.

It states, among other things (quote):

"When it comes to drug testing, the motto "What goes around comes around." Exclusive excerpt from "The Deceived Patient".

...

When I take a remedy, I must be able to trust that my prescribing doctor is not only of good will - the information on which his medical decision is based must also be absolutely reliable. However, there can be no question of this in the modern commercialised medicine business. Research into the benefits and side effects of drugs is largely "sponsored", and its results are thus pre-determined by commercial interests. Even the individual doctor hardly has the possibility any more to distinguish truth from profit-driven suggestion. Medical knowledge is increasingly privatized and standardized. Physicians no longer use drugs to serve their patients; rather, the pharmaceutical industry uses physicians to push its products on patients.

...

More than 90 percent of randomized drug trials are financially influenced by the pharmaceutical industry (1, 2). This is not a new phenomenon: recently uncovered documents show that as early as 1967, the American sugar industry bought study authors with 50,000 US dollars in order to disguise sugar as a risk factor for vascular diseases. Since then, for *at least* two decades, the *Sugar Research Foundation* has promoted study results that take sugar out of the line of fire and identify cholesterol and fats as causes of atherosclerosis (3).

With the relocation not only of the production of pharmaceuticals, but increasingly also of clinical studies to India or China, a further deterioration of the integrity of collected data is to be feared. The inspectors of the Chinese regulatory authority CFDA found during the review of 1,622 applications for approval of drugs that 81 percent (!) had to be withdrawn due to falsified, incorrect or insufficient data (4). Since a search in an American database (5), whose data are also at least partly collected in China, studies there are also relevant for approvals in the USA and Europe.

The influence goes even further and includes the search for new applications for existing substances beyond their original purpose and the invention of new diseases with the help of doctors.

Inclusion criteria and size of study groups are manipulated, clinically irrelevant target values are defined, subsequent subgroup analyses are performed, and mathematical significance is passed off as patient-relevant significance. Whenever the actual use of a drug is or becomes dubious, studies emerge from the scientific fog claiming to have uncovered an "unexpected" positive side effect despite a targeted search: If the antidiabetic drug metformin is taken regularly, the risk of polyp regrowth in the colon is said to be reduced (6)! In this way, a lower risk could just as well be demonstrated for the subgroup of smartphone users ...

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Despite their mathematical significance, these "evidences" are random correlations without causality and therefore irrelevant in the real world. Commercially, on the other hand, they are highly significant when an old drug is given a new application.

Even worse: these pseudo-evidences, which do not stand up to scrutiny, can hold up a real increase in knowledge for years and decades and cause nonsensical treatments. It is in the interest of the funding agencies and one's own field claims: What would be advantageous, can nevertheless also be once! How else can it be explained that even in the most prestigious international journals the rate of positive results for studies with and without industry support differs considerably, by almost 20 percentage points (!): 67 percent positive results with industry support and 49 percent without the same (7)?

Industry support makes it five times as likely that a drug under study will be recommended as the drug of choice - which of course does not mean that it would also be five times as effective ... And when 100 % of "scientific" posters - congress papers that have not been accepted as presentations but are only exhibited in poster form - have positive things to report with industry support, "science" degenerates into a laughing stock in the shallows of national professional societies (8).

Source:

<https://www.rubikon.news/artikel/knechte-der-pharmaindustrie>

F)

In order to assist the discerning Senate in its efforts to maintain an overview in view of the complexity of the issues and not to lose the red thread, I am forwarding - with the express consent of the publisher and the interviewee - as an **attachment** to this brief a complete copy of the two-part interview in the magazine "Die Wurzel" (issues 01/2022 and 02/2022) with Dr. med. Wolfgang Wodarg, in which Dr. Wodarg gives a good insight into his decades of anti-corruption work and at the same time into the so-called "pandemics" of recent years and actors such as the WHO, GAVI, the Bill & Melinda Gates Foundation and many more.

I think the content of this interview provides a very good thread that puts the Corona "pandemic" and its causes in perspective.

G)

For months now, there have been shocking reports on social media that young and previously healthy athletes have collapsed and often died during a competition.

This phenomenon is completely new in this dimension and should also have warned the respondent and caused an immediate stop of the "vaccination" campaign with mRNA injections.

Here is a very small selection of articles on the subject:

1.

Rubicon, Feb. 9, 2022, "Sports is Murder."

"Sudden and unexpected. This expression is not only read more and more frequently in obituaries, but spontaneous collapse has also become the order of the day in elite sport. Much has been said about vulnerable groups - the elderly and the previously ill - in connection with the Corona measures. A young top athlete, however, is the absolute antithesis of a "vulnerable". In this respect, the astonishing number of athletes who collapsed in close proximity to the vaccination should worry the public even more. For if even "they" do not tolerate the vaccination well and even had to pay for it with their lives, how much more at risk are people who are far less fit?...

"Suddenly and unexpectedly" - this is not only a phrase that can be found with increasing frequency in obituaries of supposedly healthy people who were recently still actively participating in life but died shortly after a COVID-19 vaccination; the phrase is also being used more and more frequently in professional sport. For since the beginning of the vaccination campaign, it is precisely those professionals who are particularly well trained and permanently monitored by sports doctors who seem to suffer more and more often from spontaneous "indispositions". Whether football, tennis, athletics, American football, weight training or boxing. With striking continuity, top athletes simply fall over. As if struck by lightning. Many of them die. The images are sometimes shocking. Common diagnosis: sudden cardiac arrest. Among various other problems. Based on figures from the world football association FIFA alone, which keeps a Sudden-Death-Liste keeps, that is, a list of professional footballers who died suddenly and unexpectedly during a match, it is clear that something is wrong since the mass mRNA injections began. For the year 2021, 21 players are reported to have died. A 500 percent increase, as *World Signals*, an Israeli news portal, reported as early as November 26, 2021. analysiert..."

Source:

<https://www.rubikon.news/artikel/sport-ist-mord>

2.

OVALmedia, 4/22/2022, "769 athletes collapsed during competition this year. What's up with that? "

One America News Network reports that between March 2021 and March 2022, more than 769 athletes collapsed during a game. The average age of athletes who suffered cardiac arrest, is only 23 years old.... "

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Source:

<https://www.oval.media/769-athleten-sind-dieses-jahr-wahrend-eines-wettkampfs-zusammengebrochen-was-ist-da-los/>

3.

Bild, 5/16/2022, "Munich professional boxer (38) dies in hospital after fight".

Source:

<https://www.bild.de/bild-plus/regional/muenchen/muenchen-aktuell/boxwelt-im-schock-wbf-champion-musa-yamak-stirbt-nach-boxkampf-80099258.bild.html>

Of course, one could still shout to the deceased and their relatives: "First perfectly healthy and dead shortly after the vaccination. All well and good, but where, pray tell, is the scientific study that confirms causality here?"

But one can also dispense with this cynicism. The causality is particularly obvious here. And if an experienced pathologist confirms this causality, then the one who denies it should please obtain a counter-opinion and not believe that a telephone call to another pathologist and a blanket denial is sufficient to shake the findings.

In the case of the so-called Corona deaths, the RKI not only did not demand any proof (such as an autopsy or a scientific study). At the beginning of the Corona crisis - as has already been argued - it even explicitly spoke out against such autopsies.

Especially the different standards for the consideration of a so-called corona death ("on" or "with") and for "vaccination" deaths illustrates the double standards also of the German authorities in the processing of the "pandemic" events.

Why such double standards apply? The explanation is obvious:

Many Corona deaths are good for the officially advocated shock strategy and the achievement of the goal to "vaccinate" as many people as possible with completely new "vaccine" technologies.

Many "vaccination" deaths are very bad, because they work diametrically against the aforementioned goal.

So this is apparently what it looks like, the "science" and "scientificity" of some authorities anno 2020, 2021 and 2022.

I doubt that the BVMg representatives would have the courage to say such a thing to the face of the relatives of these athletes.

H)

Finally, according to a report in the New York Times, less than 15% of the population in over 25 countries are said to be vaccinated.

If so, where are the millions of Corona dead there? In those countries the piles of corpses should be stacked to the sky, as well as in countries like Sweden that have refrained from non-pharmaceutical interventions like lockdowns, etc.

According to this NYT report, the following "vaccination" rates can be assumed for these countries:

- B I** Burundi: 11 million inhabitants Vaccination rate: 0.1%
- C G** Congo: 89 million inhabitants Vaccination rate: 0.3%
- H T** Haiti: population 11 million Vaccination rate: 0.9%
- T D** Chad: 16 million inhabitants Vaccination rate: 0.9%
- Y E** Yemen: 29 million inhabitants Vaccination rate: 1.3%
- E T** Ethiopia: 115 million inhabitants Vaccination rate: 1.6%
- S D** South Sudan: Population 11 million Vaccination rate: 2.5%
- C M** Cameroon: 26 million inhabitants: vaccination rate: 2.6%
- P G** Papua New Guinea: Population 9 million Vaccination rate: 2.7%
- N G** Nigeria: 206 million inhabitants Vaccination rate: 2.7%
- M G** Madagascar: 26 million inhabitants. Vaccination coverage rate: 3.4%
- T Z** Tanzania: 59 million inhabitants. Vaccination rate: 3%
- M L** Mali: Population: 20 million Vaccination rate: 3.6%
- B F** Burkina Faso: 20 million inhabitants Vaccination rate: 3.8%
- M W** Malawi: 19 million inhabitants Vaccination rate: 4.2%
- N E** Niger: 24 million inhabitants Vaccination rate: 4.4%
- S D** Sudan: 43 million inhabitants Vaccination rate: 4.6%
- U G** Uganda: 45 million inhabitants Vaccination rate: 5%
- S N** Senegal: 16 million inhabitants Vaccination rate: 6.2%

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 Algeria: 43 million inhabitants Vaccination rate: 14%.

Kenya: 53 million inhabitants Vaccination rate: 14%.

 Zambia: 18 million inhabitants Vaccination rate: 10%

Source (behind a paywall, unfortunately):

<https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>

So where are the mass graves?

Schmitz
Lawyer